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FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 004 ***550.00

VCE/ENR

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810576 ✓

1. Corporation Name
NATIONWIDE MUTUAL INSURANCE COMPANY

Principal Place of Business 1 NATIONWIDE PLZ COLUMBUS OH 43216 US	Mailing Address 1 NATIONWIDE PLZ COLUMBUS OH 43216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Nationwide Plaza		2a. Mailing Address 26 One Nationwide Plaza		3. Date Incorporated or Qualified 10/14/1955	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 31-4177100	
City & State 23 Columbus, Ohio		City & State 28 Columbus, Ohio		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 43216 25 USA		Zip Country 29 43216 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83		84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUTCHAN, G.E.	1.2 NAME	Barnes, Galen R.
STREET ADDRESS	ONE NATIONWIDE PLAZA	1.3 STREET ADDRESS	One Nationwide Plaza
CITY-ST-ZIP	COLUMBUS OH 43216	1.4 CITY-ST-ZIP	Columbus, Ohio 43216
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFERSON, D.R.	2.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, RICHARD D	3.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, DENNIS W	4.2 NAME	
STREET ADDRESS	ONE NATIONWIDE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DUANE M	5.2 NAME	
STREET ADDRESS	1 NATIONWIDE PLZ	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, THOMAS W	6.2 NAME	
STREET ADDRESS	1 NATIONWIDE PLZ	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43216	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis W. Click **REQUIRED** Dennis W. Click 06/17/99 (614) 249-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)